

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009761

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kirkwood</b>		Length of stay in 1b <b>10 Years</b>	c. CITY OR TOWN <b>Kirkwood</b>
c. FULL NAME OF (If NOT in hospital, give location) <b>Bethesda Dilworth Home</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1001 East Big Bend Blvd</b>
3. NAME OF DECEASED (Type or print) <b>Mabel Heap Dunbar</b>		4. DATE OF DEATH Month <b>February</b> Day <b>10</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/18/1876</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>H.O.M.E</b>	9. AGE (last birthday) <b>86</b>
11a. FATHER'S NAME <b>Heap</b>		11b. MOTHER'S MAIDEN NAME <b>Adam</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		17. INFORMANT Address - <b>Mrs Robert J. Gaddy 500 Oak Valley Drive</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute myocardial infarction</b> DUE TO (b) <b>Arteriosclerotic heart disease</b> DUE TO (c) <b>Penicillin anemia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1/2 hr</b> <b>2 yrs</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a). <b>Penicillin anemia</b>		PART III. If deceased was female, was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>St. Louis Co, Missouri</b>
21. I attended the deceased from <b>1959</b> to <b>Present</b> and last saw her alive on <b>2/9/63</b> Death occurred at <b>7:30 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Conrad T. Roue MD</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		23b. DATE <b>2/13/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Crematory</b>
24. FUNERAL DIRECTOR <b>Alexander &amp; Sons 6175 Delmar Blvd</b>		25. DATE RECD. BY LOCAL REG. <b>2-13-63</b>	26. REGISTRAR'S SIGNATURE <b>John B. Murphy MD</b>

USE BLACK INK

OR

TYPEWRITER RIBBON

Dr. Ernest Rouse  
100 N. Euclid  
FO-7-6771

X 130 to 4 PM  
X 1001 East 21st Street

10 YEARS OF  
X 1001 East 21st Street

February 10, 1963

1001 East 21st Street

1001 East 21st Street

X

1001 East 21st Street

U.S.A.

1001 East 21st Street

1001 East 21st Street

George Rouse Rouse

1001 East 21st Street

1001 East 21st Street

1001 East 21st Street

1001 East 21st Street

1001 East 21st Street

1001 East 21st Street

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John Allen Davis Jr.

Licensed Embalmer No. 4053

P. O. Address 1001 East 21st Street

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Feb 10 - 63

1001 East 21st Street